

# Q&A

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## Q. What are the chances and the challenges for the solution?

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The chance of this solution being fully developed are high as the constraints apply for only the iOS solution, from there they may be other roadmap pivots, planning as there could be particular demands to train and or assist caregivers with extended accessories (such as drones).

It must also be noticed with market becoming more and more mature better health solutions and more precise hardware will be available.

The chance of succeeding the outlined 12 month roadmap are nearly 100% as this is not an overly complicated solution, the chances of wanting to stick to only this solutions are not vastly near 70-80% as the patients and caregivers will be a crucial part of the PDD (production driven development phase) in which the products and app will **NEED** to be adjusted/refined

## Q. How does storing the obtained data work on the device?

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The data stored on the device, such as Media of patient and local videos, and/or calls are stored with CoreData and can be guaranteed to be protected for sensitive information through framework EU compliant NIST regulations ([more here](#) and [how to set it up here](#))

The data stored with CloudKit for cloud also is compliant and sent through only encrypted channels.

On opening the app Both the caregiver, guidance assistant and patient must sign an agreement for third party content observation record, else this will not be stored on device is patient is unwilling/not able to judge.

Cuckooo will still work normally but will not store information, which will be 'one-shot' only



# Cost Analysis/ROI effectiveness

## Q. What is the return on investment of the solution?

To understand ROI let's first talk about how the current expenses are going for the glasses solution and where we could stand with this.

A pair of smarters appears to cost around ~1100 EUR and with at least 1300 nurses and over 7500/9000 patients being at home it becomes nearly impossible to share these devices, meaning a 1-1 nurse-glass approach or 1-2 must be deployed, coming to cost for at least **700'000 EUR** (notice there the constraint given at very beginning of less than half an expectancy budget overflow)

The smartwear at best could give a 1:2 ratio help.

This solution could potentially maximise help care performance by 200% bringing the ratio to a good 1:1 and then starting to refine and address case specific scenarios with one extra 50% ROI boost from the acquired 1:1 ratio, thanks to precision intervention due to extra tools and specific low-connectivity software, but also mountable gadgets, such as tripod and lens extensor for FOV ([Universal 8x Zoom](#)).

Speaking of cost a Drone controllable unit is around 600 EUR, considering only a supply of 500 would be sufficient and considering the remaining could be a camera extender and/or auto-pilot drone we shall say around other 400 auto-pilot units and 600 camera extensions. The full scaled solution giving coverage to 100% of personnel's (meaning a 1-1 unit of at **least** one of the following tripod, manual pro drone precision, autopilot drone or camera lens extension) would cost between a **322k -350k EUR**. This falls right slightly above our constraint which is still satisfied since it was our alpha release constraint

+300%  
KPI

.35Mil  
EUR Saved

100%  
Coverage  
1:1  
Personnel:Dev  
ice

